
MODERNIZING MEDICAL EDUCATION IN MILWAUKEE IN 1914 CONTRIBUTIONS OF A SENSATIONAL SCANDAL, THE FLEXNER REPORT, AND STUDENT UPRISING

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MEDICAL education in Milwaukee started fitfully during the 1890s. It took a series of shocks (1900-1914) to move it away from proprietary enterprises far below any acceptable national standard. This report describes this process, the first event in which was a sensational scandal in 1902—a menace to the practice of medicine and to the country! Such was the public accusation of the Medical Society against Milwaukee Medical College.¹ To the contemporary mind, such an incendiary charge by one medical institution against another seems extraordinary in itself, and it was deeply felt. It was especially noteworthy because it reached the public domain, reflecting serious major differences that had not been settled in private.

As background for this dispute, it is useful to recall how medical institutions evolved in Milwaukee. Shortly after the first practitioners of western medicine arrived, physicians organized the Medical Society of Milwaukee County in 1845. This was after the Wisconsin Medical Society was founded and three years before Wisconsin entered the Union. The county society slowly evolved into a federation of physicians who met regularly, elected officers, heard scientific papers, and became involved in the various medical, social and economic issues that bore on the practice of medicine.²

Medical instruction in Milwaukee remained informal throughout most of the 19th century, and, as generally in the United States, apprenticeship produced some practitioners. Most were educated elsewhere, in the east or in Europe. Several attempts to found a medical school aborted. In contrast, by the 1880s Chicago already had two medical schools: Rush and Chicago Medical School (later part of Northwestern University).³ Suddenly two Milwaukee medical schools appeared within six months of each other.⁴ The first, the Wisconsin College of Physicians and Surgeons, began in 1893. Lo-

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cated in a building at Fourth and Reservoir Avenue, it was associated with St. Joseph's Hospital, founded in 1883. This school flourished and ultimately merged into Marquette University in 1913.

The second was the Milwaukee Medical College and School of Dentistry. Started in January 1894, it was affiliated with Trinity Hospital, and used a newly constructed building on Walnut and 25th Street. Milwaukee Medical College was absorbed by Marquette University in 1906. The merger of both medical schools in 1913 under Marquette University brought medical educational levels to near the national standard. Marquette University divested itself of medical education in 1967; in its place arose an entirely separate, free-standing medical school, the Medical College of Wisconsin, starting with the faculty, resources and physical plant of the Marquette University Medical School.

We are fortunate in having an objective, albeit lay, description of these two medical schools at the turn of the century by unnamed reporters for the *Milwaukee Sentinel*.^{5,6} The Wisconsin College of Physicians and Surgeons was depicted in the newspaper rather prosaically. The story included a picture of the building, listing of the 25 members of the faculty who offered a four-year course of instruction to its 42 students. Little flavor of medical instructional ambience was supplied. The Milwaukee Medical College was given more detailed attention under a headline, "A Study in Humanity." It was larger, and about 90 students were enrolled. The reporter was struck by the attitudes of students and faculty, who did not pay "much attention to the mental or moral idiosyncrasies of patients who fall into their hands, being usually more interested in the relations the individuals bear to the study of surgery or medicine . . . [although] occasionally [they] see the humor or pathos." Noted were the eager faces of the students in their seats in the amphitheater as they awaited the patient's arrival into the operating room. The newspaperman was sensitive to the psychological aspects of medical education in reporting that some patients did not especially like to be demonstrated. Hypochondriacal patients were welcomed by the school because it was considered valuable for students to learn that sometimes objective disease is absent. The faculty were pleased to turn over these patients to the students, because many patients "mostly wanted to talk about themselves and gain a sympathetic and scientific ear."

Apparently the county society was disturbed by a number of glaring defects in the Milwaukee Medical College. After completing their own informal investigation, the county society's leaders tried informally to change Milwaukee

Medical College practices. However, after making little progress, they repeated their accusations to the Association of American Medical Colleges, which were then referred to their judicial committee.

The Association of American Medical Colleges (AAMC) committee pondered the following contentions: Milwaukee Medical College admitted students with insufficient preparation for medical school, it graduated students prematurely, and some professors held several chairs simultaneously. In addition, students allegedly did not receive what was listed in the curriculum and, last, an unnamed professor remained on the faculty despite his incompetence.^{7,8} Apparently this latter matter referred to W. H. Earles, M.D., who was found guilty of illegally practicing medicine in January 1901, but nevertheless not only remained on the faculty of Milwaukee Medical College but was its president.⁹

These substantial charges were confirmed by the judicial committee of the AAMC, which found that some students had been admitted without a high school diploma, not all students attended the full four years, and the charge that one physician held two simultaneous chairs was correct. In their report to the AAMC annual meeting in New Orleans May 4, 1902, it was recommended that the Milwaukee Medical College be suspended from AAMC membership. Promptly, the AAMC members in a public vote, at which the press were present, concurred. There was precedent for this type of action in a dispute over education at the Baltimore Medical College, which had been suspended following a similar investigation just the previous year.

The Wisconsin delegation to the AAMC convention apparently arrived only after the vote to suspend had occurred because of delays in the Chicago-New Orleans trains. They proceeded to lobby extensively for a reduction in the AAMC's sentence. A principal voice recommending lesser penalties came from Dr. A.H. Levings, president of the Wisconsin College of Physicians and Surgeons. This assistance to a neighboring and possibly rival medical school excludes from serious consideration the possibility that jealousy between the two medical schools could have been the major factor in the county society's actions. Another voice recommending leniency was that of Dr. A.H. Evans, president of the Chicago Medical Society. The matter was reopened, the suspension withdrawn, and a letter of "severe censure" was substituted.⁸ What this letter actually said is lost; none of the archives of the AAMC, Marquette University, nor the Chicago Medical Society have the letter or indication of the exact wording.

The reporter from the Milwaukee *Sentinel* obtained a lengthy reaction from

Dr. Earles, who agreed that the Milwaukee Medical College, of which he was president, was guilty of many technical irregularities. He felt that the greatest offense was to have one person occupy several chairs simultaneously; this was attributed to illness and to other situational factors. He also felt that there were so "many sinners at the convention, that they could not consistently suspend the Milwaukee Medical College. We were guilty but did not expect to be suspended ever. We did expect to be censured for . . . technical guilt."⁸ He did not comment on his own criminal proceedings.

On the other hand, Dr. W.H. Brown, president of the county medical society of Milwaukee, reminded the reporter in a separate interview that the charges had been previously reviewed in detail by a state board of medical examiners, of which he was chairman. Milwaukee Medical College had been informed, but the defects continued nevertheless. He stressed that the county society was little influenced by the college, because fewer than half a dozen of the 150 members of the county society were members of the faculty. Dr. Brown also recalled that he had been sued by Milwaukee Medical College for libel, based on these charges, with \$25,000 damages sought. The suit was dismissed. Accordingly, it can be presumed that he must have substantiated his charges.¹ He believed that his society's membership would be satisfied by the AAMC actions. The reporter also recounted vigorous attempts by the Wisconsin delegation to induce the AAMC to select Milwaukee as the next site for their annual convention.

It is curious that the Milwaukee *Sentinel's* headlines and lead paragraph featured another but related matter. The headlines stressed a victory for the "endowed medical schools of the North" over the two thirds which were not endowed by the adoption of a committee report setting admission requirements of at least four full years of high school before entry into medical school. Thus, the Milwaukee press seemed to downgrade the apparent newsworthiness of the controversial if not scandalous disputes among Milwaukee's medical institutions. The reaction of the Milwaukee medical and lay community to this disclosure is uncertain, but may not have been very intense. For example, the *Wisconsin Medical Journal* reported this matter only once, without comment or follow-up.¹⁰ It is difficult to measure what, if any, changes resulted from this scandal.

THE FLEXNER REPORT AND THE MILWAUKEE MEDICAL COLLEGE

Considerable controversy surrounded medical education at the turn of the century. Standards of admission, curriculum, and, most important, the methods of clinical instruction diverged widely. There were several prestigious medical schools. Many of these were endowed and part of universities. Others were independent, and depended entirely on student tuition revenues. Usually, these proprietary schools offered a less exacting medical education. In the leading centers, the tradition of heavy reliance on authoritarian pronouncements and professional lectures was fading. Laboratory demonstrations and detailed instruction in the diagnostic use of laboratory facilities were emerging. Further, the bedside teaching of students by preceptors was beginning to be regarded as the key element in clinical instruction. Abraham Flexner, with a grant from the Carnegie Foundation, made a nationwide survey of medical schools. His report and recommendations helped to establish national standards. A number of medical schools were closed and others improved the quality of their laboratory and bedside instruction.⁵⁵

As part of the primary data for his report, Flexner made a site visit to Milwaukee in 1909. Along with many other medical schools, the two Milwaukee schools were little more than diploma mills, basing their educational product on lecture material, however lucrative and prestigious for their faculty. He found the Milwaukee Medical College, (then nominally part of Marquette University) could not adequately document that it required a high school education from all applicants. It subsisted solely on fees from students and had 168 students, 91% from Wisconsin. Flexner stated:

Laboratory facilities: Meagre facilities are provided for the teaching of pathology and bacteriology; there is the usual chemistry laboratory, anatomy is better than ordinary, the equipment is slight.

Clinical facilities: These are extremely weak. The school adjoins Trinity Hospital, which is part of the same corporation. It has 75 beds, largely occupied by pay patients, and given up almost wholly to surgery. Teaching is limited to amphitheatre clinics, weekly clinics are also held at the County Hospital, five miles distant. An ill equipped dispensary in the College building has an attendance varying from 10-20 a day. A card index is not kept.¹¹

Wisconsin College of Physicians and Surgeons, an independent institution, nominally part of Carroll College...[requiring for admission] a four year high education...60 in attendance...teaching staff 66...no teacher devoted his entire time to the school.

Laboratory facilities: The School occupies an attractive building which contains an ordinary laboratory for elementary chemistry; another, poor, and very disorderly, with-

out animals for bacteriology . . . Anatomy is very poor, there is not even a complete skeleton. No other teaching adjuncts are at hand.

Clinical facilities: These are utterly wretched. The school gives amphitheatre clinics only, at a Catholic Hospital across the street,¹ practically all of whose work is surgery. Acute medical cases are seen, if at all, twice weekly at the County Hospital, five miles off. A neat dispensary, with poor records and with no laboratory or other equipment, adjoins the school building.¹¹

General considerations: Wisconsin presents a simple problem, the two Milwaukee Schools are without a redeeming feature. It is claimed that the examiner representing the state board enforces the high school standards, but it has been impossible to procure any information at all from this official. . . Neither of the schools meet the most lenient standards with respect to laboratory outfit or teaching, and as for clinical facilities they are hardly more than nominal.¹¹

The Council on Medical Education of the American Medical Association followed up the findings of the Flexner report.

In both 1911 and 1912 the council gave both proprietary schools a Class B rating, which implied that a major overhaul was necessary to bring the standards up to an acceptable level.

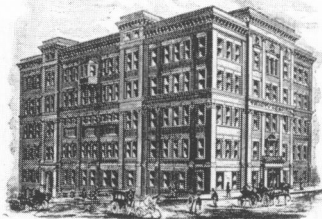
However, in 1913 the AMA council was prepared to issue a Class C rating, which required a complete reorganization before a satisfactory rating could be issued. By 1912 about half of the 48 states' licensing boards had resolved not to recognize education obtained in Class C medical schools for licensure. The AMA council suggested that the two Milwaukee medical schools merge, a board of trustees exercise governance instead of the stockholders, a university affiliation arise, full-time professors be hired to teach the basic science subjects, and a faculty committee be appointed to institute changes in each department to achieve the desired standards.

When the Milwaukee Medical College students learned of the AMA threat to downgrade their school's rating, they met and insisted on an answer regarding just how the school proposed to meet the challenges. Since no immediate response was rendered, they all resigned, went en masse to enroll in the Wisconsin College of Physicians and Surgeons and to secure an agreement that immediate action would be taken to reform the school.

Marquette University was thereby relieved of the burdens of being nominally associated with medical education, while the Wisconsin College of Physicians and Surgeons had the enormous task of coping with more than 200 students insisting on a major restructuring of their education.⁵⁶ However, Marquette was quickly plunged back into medical education.

Several prominent figures in Milwaukee medicine, led by Dr. Louis Jermain, who was later to become dean, undertook to introduce and to support modern medical education under Marquette University governance. The

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Advertisement in the 1903 Wisconsin Medical Journal depicting the Wisconsin College of Physicians and Surgeons building

first steps included purchase by Marquette University of the Wisconsin College of Physician and Surgeon's physical plant on January 1, 1913. Less than three weeks later, Marquette leased the building of Milwaukee Medical College, including Trinity Hospital, and bought all the equipment.¹²

Thus, a de facto merger was administratively accomplished. The Milwaukee Medical College building was used for dental education, while medical education was concentrated in the Wisconsin College of Physicians and Surgeons' structures. Dispensaries were opened and rapidly built up and steps were taken to build close affiliations with the school of Medicine of Marquette University and several local health care facilities, including St. Joseph, St. Mary's, Misericordia, and Milwaukee County Hospitals. Further, the academic committees were appointed.

Four full-time professors were hired: Dr. H.C. Tracy chaired Anatomy, Histology and Embryology and Dr. A.F. Boretti chaired Pathology and Bacteriology. Later Dr. C.J. Farmer from Harvard was appointed to the chair of Physiology and Pharmacology, and Dr. W.F. Sullivan came from Western Reserve University to head Biology.¹²

These steps toward modernization of medical education in Milwaukee satisfied the AMA, which awarded a Class A rating in 1913.¹³

SUMMARY

Poor educational practices of Milwaukee Medical College were publicly exposed by the County Medical Society of Milwaukee in charges to the Association of American Medical Colleges. However, in 1902 the Association of American Medical Colleges' judgment and letters of censure did not appear to be sufficient to produce any major change. Nor did the specific findings of continuing poor practice by the Flexner Report in 1910 produce much change. The Medical Association's follow up of this Flexner recommendation showed no change in three years, and its threat to downgrade the Milwaukee Medical College to class C status brought swift action by the students, who were now threatened with loss of reciprocity for licensure in other states. Their mass boycott brought about the desired changes with the assistance of the medical community under the sponsorship of Marquette University.

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